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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/556 062

FILING DATE

4-20-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
(41)	/					
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	6					
TOTAL DEP.	109					
TOTAL CLAIMS	115					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/						
52		/						
53		/						
54		/						
55	/							
56		/						
57		/						
58		/						
59		/						
60		/						
61		/						
62		/						
63		/						
64		/						
65		/						
66		/						
67		/						
68		/						
69		/						
70		/						
71		/						
72		/						
73		/						
74		/						
75		/						
(76)	/							
77		/						
78		/						
79		/						
80		/						
81		/						
82		/						
83		/						
84		/						
85		/						
(86)	/							
87		/						
88		/						
89		/						
90		/						
91		/						
92		/						
93		/						
94		/						
95		/						
(96)	/							
97		/						
98		/						
99		/						
100		/						
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10/1		1					51						
10/2		1					52						
10/3		1					53						
10/4		1					54						
10/5		1					55						
10/6	1						56						
10/7		1					57						
10/8		1					58						
10/9		1					59						
10/10		1					60						
10/11		1					61						
10/12		1					62						
10/13		1					63						
10/14		1					64						
10/15		1					65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						